· · · · · · · · · · · · · · · · · · ·								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOF									HOK-920/CON					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				13				RATE FEE		FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	Basic Fee	770.00	
TOTAL CHARGEABLE CLAIMS			ア minus 20=		•0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			. 3 minus 3 =		. 9			X43=			OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	_		OR	+290=		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		385	OR	TOTAL		
DM CLAIMS AS AMENDED - PART II												OTHER		
(Column 1) (Column 2) (Column 3)							1 6	SMAL		NTITY	OR I	SMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	TIONAL	
	Total	. 15	Minus	. 2	40	= /		X\$ 9=			OR	X\$18=		
	Independent	. 3	Minus	***	3	-/		X43=	1		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		1	+145=	1		OR	+290=	7	
								TOTA	u		00	TOTAL ADDIT, FEE		
5/25/0(acolumn 1) (Column 2) (Column 3)								ODIT. FE	E 1.			AUUII. PEEI		
AMENDMENT B	l	CLAIMS REMAINING		HIGHE	ST	PRESENT	lΓ			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID F		EXTRA /		RATE	ľ	FEE_	ر	RATE	TIONAL. FEE	
	Total	.15	Minus	• 2	Ð	= /		X\$ 9=			ØΑ	X\$18=		
	Independent	NTATION OF MU	Minus	3	3	•' / 	lſ	X43=	1		OR	X86=		
Ш	FIRST PRESE	NIAHON OF MC	LI IPLE DE	ENDENT	CLAIM	. 4	' [+145=			OR	÷290=/		
								TOTA		Ĺ.	OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C.	`	CLAIMS REMAINING AFTER AMENDMENT .		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	f	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	•	Minus	**	i	. .		X\$ 9=	1	.;	OR	X\$1B=		
ME	Independent	• • •	Minus	***		2	╽┠	X43=	T			X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		 -		╁		OR			
• If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.												·		
TOTAL OR ADDIT. FEE														
		ber Previously Paid					r toun	d in the a	ppro	opriate box	in cok	ımn 1.		